

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Madison, WI 53703
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Website: http://www.drl.state.wi.us

BUREAU OF DIRECT LICENSING AND REAL ESTATE

APPLICATION FOR STATEWIDE PEDDLER'S LICENSE

NO FEE REQUIRED

Please complete the application in full and attach information requested below.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK ☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

HAVE YOU BEEN A RESIDENT OF WISCONSIN FOR AT LEAST 5 YEARS? ☐ Yes ☐ No

TYPE OF DISABILITY: <input type="checkbox"/> Cardiac <input type="checkbox"/> Loss of Limb(s) <input type="checkbox"/> Blindness <input type="checkbox"/> Other _____	PERCENTAGE OF DISABILITY
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NOTE: PLEASE ATTACH A COPY OF THE VETERAN'S ADMINISTRATION AWARD LETTER WITH THIS APPLICATION.

Pursuant to sec. 440.51, Stats., it will be necessary for you to carry the Veteran's Administration award letter and your license with you while engaged in business.

If you are disabled by blindness as defined under Title XVI of the Social Security Act, please attach verification of such disability, if not indicated in the Veteran's Administration award letter.